



**AMENDED Alabama Individual Income Tax Return
or Application For Refund**

CALENDAR YEAR

This return is for the calendar year indicated or other tax year Beginning: Ending: ●

Your social security number Spouse's SSN if joint return

Your first name Initial Last name

Spouse's first name Initial Last name

Present home address (number and street or P.O. Box number)

City, town or post office, state, and ZIP code

**USE ONLY FOR TAX YEARS
PRIOR TO TAX YEAR 2008**

a. Name and address on original return if different from above. (If same, write "Same")

b. Date original return was filed:

c. Check Form originally filed: ☐ Form 40 ☐ Form 40A ☐ E40 ☐ Form 40NR ☐ Form 41 – Fiduciary (Estate or Trust)

d. Has your Federal return been audited for the year being changed? ☐ Yes ☐ No
If "Yes," attach copy of Federal report. If "No," have you been advised that it will be? ☐ Yes ☐ No

e. ☐ Check here if the change pertains to a net operating loss carryback or carryforward.

PLEASE FOLLOW LINE BY LINE INSTRUCTIONS FOR COMPLETION OF THIS FORM

		A. As originally reported or as adjusted (See Instructions)	B. Net change – Increase or (Decrease) – Explain on Page 2	C. Correct amount
Income and Deductions	1 Total income	1		
	2 Adjustments to income	2		
	3 Adjusted gross income (subtract line 2 from line 1)	3		
	4 <input type="checkbox"/> Standard or <input type="checkbox"/> Itemized Deductions	4		
	5 Subtract line 4 from line 3	5		
	6 Federal income tax deduction	6		
	7 Net income (subtract line 6 from line 5)	7		
	8 Personal and dependent exemption or Fiduciary exemption	8		
	9 Taxable income (subtract line 8 from line 7)	9		
Tax Liability	10a Income Tax (including previous voluntary contribution)	10a		
	b Consumer Use Tax	10b		
	11 Total (add lines 10a and 10b)	11		
	12 Credits from <input type="checkbox"/> Sch. CR and/or <input type="checkbox"/> Sch. OC	12		
Payments	13 Net tax liability (subtract line 12 from line 11)	13		
	14 Alabama income tax withheld	14		
	15 Estimated tax payments	15		
	16 Amount of tax paid with original return	16		
Refund or Balance Due	17 Other payments	17		
	18 Total (add lines 14 through 17)	18		
	19 Overpayment, if any, as shown on return (or as previously adjusted by Alabama Department of Revenue)	19		
	20 Subtract line 19 from line 18	20		
	21 BALANCE DUE. If line 13, column C is more than line 20, enter difference. Pay in full with this return. (If applicable, include interest from due date and penalties.) Tax \$ + Interest \$ + Penalties \$ =	21		
22 REFUND to be received. If line 13, column C is less than line 20, enter difference	22			

Please Sign Here

☐ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► Your signature Date

► Spouse's signature (if filing jointly, BOTH must sign even if only one had income) Date

RECEIVING STAMP

Paid Preparer's Use Only

Preparer's Signature ► Date

Firm's name (or yours, if self employed) and address ► Telephone

Preparer's SSN or PTIN



EXPLANATION OF CHANGES TO INCOME, EXEMPTIONS, DEDUCTIONS, AND CREDITS.

Enter the line reference from page 1 for which you are reporting a change, and give the reason for each change. Attach applicable schedules.

MAILING INSTRUCTIONS. Mail this return to: Alabama Department of Revenue
Individual and Corporate Tax Division
P.O. Box 327464
Montgomery, AL 36132-7464

Do Not mail your current return with Form 40X,
it must be mailed to a different address.